

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G226		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/14/2011	
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1503 WASHINGTON ST NEW CASTLE, IN47362			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W0000	<p>This visit was an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: November 7, 9, 10, and 14, 2011</p> <p>Surveyors: Kathy Craig, Medical Surveyor III/Team Leader Claudia Ramirez, Public Health Nurse Surveyor III</p> <p>Facility Number: 000750 Provider Number: 15G226 AIMS Number: 100243210</p> <p>The following deficiency also reflects state findings under 460 IAC 9.</p> <p>Quality Reveiw completed on 11/23/11 by Tim Shebel, Medical Surveyor III.</p>		W0000				
W0331	The facility must provide clients with nursing services in accordance with their needs.		W0331	Occazio, Inc		12/14/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #1) by not ensuring client #1's dietary guidelines were coordinated with client #1's oral medications and failed to contact the physician for recommendations.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/07/11 from 6:00 AM until 7:30 AM. The observation included a medication administration pass for client #1 which started at 6:51 AM. Client #1 was observed at 6:51 AM to enter the medication room for meds (medications) which were administered by staff #1. Client #1's meds included: Geodon (psychosis), Zoloft (depression) Topamax (anticonvulsant) and a birth control pill. Client #1's medications were not altered, she took them whole and drank water with the meds.</p> <p>Client #1's records were reviewed on 11/09/11 at 12:15 PM. Client #1's records contained a swallow study dated 11/05/10 which indicated client #1 was a choking risk and recommended she be on a pureed diet. The Quarterly Nutrition Review dated 09/20/11 indicated client #1 was on a pureed diet. Client #1's November 2011 MAR's (Medication Administration</p>				<p>1503 Washington St. , New Castle 15G226 Survey Event ID 90D711</p> <p>W331 Nursing Services The facility failed for 1 of 4 sampled clients (client #1) by not ensuring client #1's dietary guidelines were coordinated with client #1's oral medications and failed to contact the physician for recommendations.</p> <p>1. What corrective action will be accomplished? · The physician will be notified and the medication needs of the client reviewed.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All clients taking medications with special dietary needs have the potential to be effected. · Each client will have a yearly assessment (Individual Plan of Protections)</p> <p>3. The following measures will be put into place to ensure that the deficient practice does not recur. · The nurse will review the dietary orders of the clients and consult with the physician as needed. · The nurse will review monthly health reports.</p> <p>4. The corrective actions will be monitored to ensure that the deficient practice does not recur in</p>		

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	<p>Records) did not indicate to alter client #1's medications.</p> <p>An interview was conducted on 11/09/11 at 2:00 PM with the RN (Registered Nurse). The RN indicated client #1's medications should have been considered for a texture alteration along with the diet order. She indicated client #1 was a choking risk and was on a pureed diet. She indicated she had not spoken to the physician regarding client #1 taking the whole pills and should have done so.</p> <p>9-3-6(a)</p>				<p>the following manner.</p> <ul style="list-style-type: none"> RC will monitor on a daily basis as part of their job duty responsibilities. The nurse will review on a monthly basis. <p>5. The date by which the systemic changes will be completed is as follows.</p> <ul style="list-style-type: none"> 12/14/2011 		